PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P98000032744

LEE T. SLOVIK, P.A.

FILED

10 JAN 27 AM 9: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

400167362704
01/27/10--01039--009 **450.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
6242 HALYARD COURT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
ROCKLEDGE, FL	

Zip	Country	Zip	Country
32955			

4. Date Incorporated or Qualified To Do Business in Florida 4/08/98

5. FEI Number 59-3505864 | Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ | **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

LEE T. SLOVIK

Street Address (P.O. Box Number is Not Acceptable)

6242 HALYARD COURT

Suite, Apt. #, Etc.

City	State	Zip Code
ROCKLEDGE	FL	32955

[X] The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent X _____ REGISTERED AGENT MUST SIGN

Date 1/25/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LEE T. SLOVIK	6242 HALYARD CT.	32955
			X 1/28

10. I certify the I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2010

Date   Daytime Phone #